FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OC NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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		3235-007	
Expires:	Apri	1 30,2008 ge burden	
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Name of Offering (check if this is an amendment and name has changed, and in	ndicate change.)
HOUSTON SOUTH MASON SELF-STORAGE ACQUISITIONS, L. P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 5	06 Section 4(6) ULOE
Type of Filing: New Filing Amendment	_
A. BASIC IDENTIFICAT	TON DATA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indi-	cate change.)
HOUSTON SOUTH MASON SELF-STORAGE ACQUISITIONS, L. P.	
	y, State, Zip Code) Telephone Number (Including Area Code)
	(626) 796-8700
225 South Lake Avenue, Suite 630, Pasadena, California 91101	
Address of Principal Business Operations (Number and Street, Ci	ty, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Ownership of self-storage facility located in Katy, Texas	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
There of Dunings Organization	
Type of Business Organization corporation limited partnership, already formed	other (please specify)
business trust limited partnership, to be formed	PROCE508063627
Month Year	Actual Destinated JUN 2 5 2008
Actual or Estimated Date of Incorporation or Organization: 06 07	il Co. State.
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service a CN for Canada; FN for other foreign	
Civity Camada, 111 for other foreign	DIENOTA ILLEANING

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

***************************************			A. BASIC IDE	NTIE	ICATION DATA				
2. Enter the information rec	quested for the fol	lowing	3:		-				
			is been organized wi						
									s of equity securities of the issuer.
 Each executive offi 	cer and director of	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
 Each general and m 	anaging partner o	f partr	nership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Evergreen Realty Group,									
Business or Residence Addres 225 South Lake Avenue,	s (Number and Suite 630, Pasa	Street	, City, State, Zip Co i, California 9110	de) I					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, il	findividual)							-	
Business or Residence Addres	ss (Number and	Street	, City, State, Zip Co	de)			<u>.</u>		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						<u>-</u>		
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Stree	, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		······································					-	
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			•		•	-	-	
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)			e 15		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	ode)		•			
	(Use bla	ank sh	eet, or copy and use	addit	ional copies of this s	hect,	as necessar	y)	

					B. 11	NFORMATI	ION ABOU	T OFFERI	NG				
<u>.</u>	→ He+ ⁴	iaa		ins	stand to act	11 to non -	ooraditad i	nvestors :-	this offer	ng?		Yes	No Fe
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? 1. Answer also in Appendix, Column 2, if filing under ULOE.					X							
2.	What is	the minim	um investm			• •		-				\$2,0	50,000.00
												Yes	No
3.			permit joint										X
4.	commiss If a pers or states a broker	sion or sim on to be lis s, list the na or dealer,	ilar remune ted is an ass ime of the b you may so	ration for s sociated pe roker or de et forth the	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conno er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in the EC and/or	irectly, any he offering. with a state ons of such		
Ful Or	l Name (l nni Br <mark>ok</mark> e	Last name erage	first, if indi	vidual)									
			Address (N								·		
	me of Ass ron Meo	ociated Br	oker or Dea	aler									
Sta			Listed Has										
	(Check	"All States	or check	individual	States)			***************************************				☐ Al	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler									,
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)					***************************************		☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (Last name	first, if indi	ividual)				- ··-					
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)				-		
Na	me of Ass	sociated Bi	oker or De	aler				<u> </u>					
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers					.	
	(Check	"All State:	s" or check	individual	States)		••••••	••••	••••			□ A!	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		
	Equity	S	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	5	\$
	Other (Specify Tenant-in-common interests	2,361,500.00	\$_2,361,500.00
	Total	2,361,500.00	§ 2,361,500.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases \$ 2,361,500.00
	Accredited Investors		\$_2,361,500.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<u>v</u>	\$ 50,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ 188,920.00
	Other Expenses (identify)		\$
	Total		\$ 238,920.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ 138,870.0C	
	Purchase of real estate]\$	\$
	Purchase, rental or leasing and installation of machinery and equipment		
	Construction or leasing of plant buildings and facilities	\$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)]\$	\$
	Repayment of indebtedness] \$	\$
	Working capital] \$	\$
	Other (specify): Capital Improvement Reserves	\$	\$ 590,000.00
]\$	\$
	Column Totals	\$ 138,870.00	✓ \$ 1,983,710.0
	Total Payments Listed (column totals added)	_	122,580.00
_	D. FEDERAL SIGNATURE		•
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	le 505, the following n request of its staff,
ss	ouer (Print or Type) Signature	Date // 2	
Н	OUSTON SOUTH MASON SELF-STORAGE ACQ Muloth -	6/0/08	
Na	me of Signer (Print or Type) Title of Signer (Print or Type)	,	
	Like V. M. Carthy Manager		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned athorized person.
	(Print or Type) TON SOUTH MASON SELF-STORAGE ACQL Signature Wall / 1
Name ((Print or Type) Title (Print or Type) We U, M Car Hu Manager

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.